Family Day Care Inspection
Compliance Plan

Provider's Name:	**Kelly Fargher**	City:	**Eureka**	Provider Number:	**011102519**
Inspector:	**Clint Rux**	Date of Inspection:	**03/12/2024**	Time of Inspection:	**11:30 AM**

Provider was found to be in full compliance

Kelly Fargher	**03/12/2024**	**Clint Rux**	**03/12/2024**
Provider Signature	Date	Inspector Signature	Date